



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

APPLICATION FOR NONASSISTANCE SUPPORT ENFORCEMENT SERVICES

(RCW 74.20A)

INSTRUCTIONS		
Read this form carefully. Complete this form and return it to the Division of Child Support (DCS) at the address listed on page 3. Except for your signature, print or type your responses.		
INFORMATION ABOUT YOU		
NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE
INFORMATION ABOUT THE NONCUSTODIAL PARENT		
NAME (FIRST, MIDDLE, LAST)		
DECLARATION		
<p>I declare that I:</p> <ol style="list-style-type: none">1. Am not receiving or asking for support enforcement services from another state or authority.2. Either have physical custody of the children for whom I am seeking current support or had physical custody of the children for the time when the support debt occurred.3. Did not wrongfully deprive the legal physical custodian of custody of the children.4. Am not receiving public assistance funds for the children. <p>I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</p>		
YOUR SIGNATURE	PLACE SIGNED	DATE

I want DCS to provide child support enforcement services to me and my children. I want DCS to accept and endorse all child support payments (checks, money orders, electronic funds transfers, etc.) collected for me.

If I now receive child support payments through a tribal court or another state's child support enforcement agency, I want the court or agency to send all payments to DCS.

I read and understand the *Nonassistance Support Enforcement Information* form that I received with this application.

I understand that:

1. DCS cannot collect child support debts barred by the statute of limitations.
2. DCS cannot require an Indian tribe, a tribally-owned business, or an Indian-owned business located on a reservation to withhold child support from income paid to a noncustodial parent. If a tribe and DCS have an agreement to do so, DCS will ask the tribe to enforce my child support order.
3. DCS will enter my child support order into the Washington State Support Registry (WSSR).
4. If I have a court order that requires the noncustodial parent to pay child support through the WSSR, my case will remain in the WSSR until a court releases my order.
5. DCS will distribute my current child support as required by federal and state law. DCS will:
 - a. Apply current child support to the month in which it is received.
 - b. Send me the current child support. (If the noncustodial parent has more than one child support order and a payment does not cover all current support, DCS will divide the payment proportionally between the cases.)
 - c. Apply payments that exceed one month's current child support to past-due child support (if any). Beginning October 1, 2000, DCS will distribute past-due child support received from:
 - (1) Sources other than the IRS as follows.
 - (a) First, to past-due child support owed to me after I stopped receiving a public assistance grant. I will receive these payments.
 - (b) Second, to past-due child support owed for time periods before I received a public assistance grant (if I began receiving the grant after October 1, 1997). I will receive these payments.
 - (c) Third, to past-due child support owed for time periods when I received a public assistance grant and/or for time periods before I began receiving a public assistance grant (if I received the grant before October 1, 1997). DCS will keep these payments to reimburse the state and federal governments for the grants paid to my family.
 - (2) The IRS as follows.
 - (a) First, to past-due child support owed for time periods when I received a public assistance grant and/or for time periods before I began receiving a grant (if I received the grant before October 1, 1997). DCS will keep these payments to reimburse the state and federal governments for the grants paid to my family.
 - (b) Second, to past-due child support owed for time periods before I received a public assistance grant (if I received a grant after October 1, 1997). DCS will keep these payments to reimburse the state and federal governments for the grants paid to my family.
 - (c) Third, to past-due child support owed to me after I stopped receiving a public assistance grant. I will receive these payments.
6. I must return money DCS pays me if:
 - a. DCS sends me money in error.
 - b. DCS sends me more money than the noncustodial parent paid to DCS.

7. RCW 74.20A allows DCS to recover overpayments from me. This applies even after I stop receiving support payments through DCS. DCS may do so by:
 - a. Keeping ten percent of any current support payments.
 - b. Keeping all past-due support payments.
 - c. Sending my employer or other person or organization that holds assets for me an ***Order/Notice to Withhold Income for Child Support***. This notice/order requires my employer or other person or organization to withhold the overpayment from my earnings, income, and assets.
 - d. Filing liens against my real and personal property.
 - e. Using any collection remedy available under RCW 26.09, RCW 26.18, RCW 26.23, and RCW 74.20.
8. DCS does not represent me or the other party to my child support order. To protect my interests, I should take part in all hearings or court appearances about my child support order. If I do not attend and participate in a hearing, an Administrative Law Judge may grant any requests made by DCS or the other party to my child support order without further notice to me.
9. DCS can deposit my support payments directly into my bank account by Electronic Funds Transfer (EFT). I can get more information about EFT by calling DCS at 1-800-468-7422.
10. DCS may serve written notices on all parties to my child support order by first class mail. DCS may serve these notices to the last-known addresses of the parties.

I agree to:

1. Send DCS all support payments that I get from anyone other than DCS. I must send DCS the payments within eight days.
2. Tell DCS if I ask another person or agency to collect child support for me.
3. Tell DCS if my address or my children's address changes.
4. Send DCS copies of all child support orders changing the child support requirements or custody of the children named in my case.

If you have questions, contact:
DIVISION OF CHILD SUPPORT

TTY/TDD services available for the speech or hearing impaired.
Visit our web site at: www.wa.gov/dshs/dcs

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.
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DIVISION OF CHILD SUPPORT (DCS)

CHILD SUPPORT REFERRAL

The Division of Child Support will use your social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN				
Name (First/Middle/Last):					Name (First/Middle/Last):				
Other Names Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:		State:	ZIP Code:		City:		State:	ZIP Code:	
Home Telephone Number: ()		Message Telephone Number: ()			Home Telephone Number: ()		Message Telephone Number: ()		
Social Security Number:		Date of Birth (Month/Day/Year):			Social Security Number:		Date of Birth (Month/Day/Year):		
Place of Birth (City/County/State/Country):					Place of Birth (City/County/State/Country):				
Race:	Height:	Weight:	Hair Color:	Eye Color:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Native Language (If correspondence needed in other than English):					Native Language (If correspondence needed in other than English):				
If enrolled in an Indian Tribe, name of the Tribe:					If enrolled in an Indian Tribe, name of the Tribe:				
Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes					Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address:					Employer's P.O. Box or Street Address:				
Employer's City:		State:	ZIP Code:		Employer's City:		State:	ZIP Code:	
Employer's Telephone Number: ()					Employer's Telephone Number: ()				
Mother's Father's Name:		Mother's Mother's Maiden Name:			Father's Father's Name:		Father's Mother's Maiden Name:		

B. THE CHILDREN'S RESIDENCE

The children listed on page 2 live with: ☐ Mother ☐ Father ☐ Other (specify): _____

C. IF THE CHILDREN DO NOT LIVE WITH THE MOTHER OR FATHER, COMPLETE THIS SECTION

Your Name:	Your P.O. Box or Street Address:		
Your Social Security Number:	Your City:	Your State:	Your ZIP Code:
Your Telephone Number: ()	Your Relationship to the Children:		

D. INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT**List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.**

Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

E. MARRIAGE INFORMATION FOR THE PARENTS OF THE CHILDREN LISTED ABOVE

Date Married (Month/Day/Year):	Place Married (County/State):
Date Divorced (Month/Day/Year):	Place Divorced (County/State):
Date Separated (Month/Day/Year):	Place Separated (County/State):

F. PUBLIC ASSISTANCE AND CHILD SUPPORT PAYMENT INFORMATION

Have you or the children listed above ever received public assistance in another state? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where (Counties/States):	If yes, when (Months/Years):

If there is a child support order(s) for the children listed above and you ever received child support payments for the children, what is the total amount you received? \$ _____. **Please attach copies of all support orders.**

G. DECLARATION

I agree to tell the Division of Child Support immediately, in writing, of any new or changed information that relates to collecting child support from the parent responsible for paying support.
I certify or declare under penalty of perjury, under the laws of the state of Washington, that the forgoing is true and correct.

Signed at _____, Washington.

Signature:	Date:
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No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request